

**CLAIM FOR FELONY/JUVENILE ATTORNEY FEES**  
All items to be filled out by Defendant's Court appointed Attorney.  
**RETURN TO DISTRICT COURT**

Cause No. \_\_\_\_\_

THE STATE OF TEXAS vs. \_\_\_\_\_

Name of Attorney: \_\_\_\_\_ SBN: \_\_\_\_\_

**Time in Court** (give dates and hours): Continue on back if necessary


**TOTAL IN COURT HOURS:** \_\_\_\_\_

**Time out of Court** (give dates and hours): Continue on back if necessary


**TOTAL OUT OF COURT HOURS:** \_\_\_\_\_

**Expenses claimed** (include Investigator fees - attach orders authorizing expenditures and receipts -no mileage without prior approval):


**Fees received or promised** (be specific):

--	--

I hereby certify that I am currently authorized to practice law in the State of Texas pursuant to the rules of the State Bar of Texas and that above facts are true and correct; that no one else is being billed for the time claimed herein and that I have not been paid for these services nor received promise of payment for these services from any other source except as noted on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

In Court \_\_\_\_\_ hrs. x \$ \_\_\_\_\_ = \_\_\_\_\_

Out Court \_\_\_\_\_ hrs. x \$ \_\_\_\_\_ = \_\_\_\_\_

Other expenses- itemized above \$ \_\_\_\_\_

**TOTAL TO BE PAID** \$ \_\_\_\_\_

The above Total is authorized to be paid from the county funds of \_\_\_\_\_ County, Texas.

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge Presiding